



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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**Substance Addiction Recovery Program (SARP)
Employment Review Form**

Instructions: This form is completed and submitted by a SARP participant to SARP staff after an interview with an employer and before accepting a role. This form must be completed in entirety and shall be legible. This form may be faxed to SARP's confidential efax line, (617)887-8786.

Participant Name:		License Number:	
Date of Effective Consent Agreement (CA):			
What is your current CA amendment level?	<input type="checkbox"/> CA1	Effective date:	_____
	<input type="checkbox"/> CA2/A	Effective date:	_____
	<input type="checkbox"/> CA3/A	Effective date:	_____
What is the date of your last matter of non-compliance (violation)?	<input type="checkbox"/> NA	Date:	

EMPLOYMENT INFORMATION

Title of role:	
Name of Organization:	
Address of work: (location of work)	
Shift/ Number of hours per wk:	<input type="checkbox"/> Day <input type="checkbox"/> Evening # of hours per week: _____
Medication privileges:	<input type="checkbox"/> No medications <input type="checkbox"/> Basic Medications (w/o controlled substances) <input type="checkbox"/> All medications (w/ controlled substances)

ORGANIZATION CONTACTS

These are the name(s), title(s), and contact numbers of those that SARP staff need to make contact with:

	Name	Title	Direct Phone Number
DON/RN Manager:			
HR Personnel:			
Other 1:			
*I have shared my effective CA amendment document with the aforementioned individuals: <input type="checkbox"/> NO <input type="checkbox"/> YES			
*I have supplied Release of Information (ROI) forms to SARP staff for SARP staff to speak to these individuals. Please attach the completed ROI forms along with this document. <input type="checkbox"/> YES			

I understand that I cannot start employment, including organization orientation, prior to SARP approval. I understand that depending on my non-compliance (violation) history that this employment opportunity may need to be heard before SAREC and the Board for approval and is subject to the meeting dates of both groups.

Signature: _____ Date Signed: _____